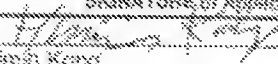|	
POWER OF ATTORNEY **OR** **REVOCATION OF POWER OF ATTORNEY** **WITH A NEW POWER OF ATTORNEY** **AND** **CHANGE OF CORRESPONDENCE ADDRESS**	Application Number: 10/594,195 Conf. #6667
	Filing Date: March 23, 2005
	First Named Inventor: Huimin Kong
	Title: HELICASE-DEPENDENT AMPLIFICATION OF CIRCULAR NUCLEIC ACIDS
	Art Unit: 1637
	Examiner Name: C. M. Babic
	Attorney Docket No.: BHX-004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number;

OR

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OR

☐ Firm or Individual Name	
Address	
City		State		Zip	
Country		Telephone		Email	

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature	_[signature]_	Date	September 24, 2010
Name	Huimin Kong	Telephone	978-737-5076
Title and Company	President, BioHelix Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of __1__ forms are submitted.